

RETURN AUTHORITY / CREDIT REQUEST



DATE OF REQUEST _____

CUSTOMER DETAILS

Contact Person _____

Account Name _____

Account Number _____

Email _____

Address _____

Telephone Number _____

5 McLellan Street

Bayswater Vic 3153

T 03 8761 6322

F 03 8761 6344

sales@walkerceramics.com.au

SALE TYPE Shop / Online / Purchase Order

GOODS INFORMATION

Item Code	Item Description	Qty Returned	Amount Paid	Original Inv Date	Original Inv No

Fault Description / Reason for Return/s

Customer Signature _____

**** Attach copy of original invoice**
**** Attach photos if stock is damaged in Transit**
**** Please note this request must be received by Walker Ceramics Australia within 7 days of delivery**